



2012-13 JR. JAZZ BASKETBALL

SANDY PARKS & RECREATION REGISTRATION FORM

440 E. 8680 S. - SANDY, UTAH 84070
P: (801) 568-2900 F: (801) 561-6733
www.sandy.utah.gov/parks

Office Use Only	
Receipt #	_____
Amt. Paid	_____
Date Paid	_____
Received By	_____
Late Fee	Family Discount

Please be accurate and complete filling out this form. Failure to do so may cause serious inconvenience or injury.

Player's Name: _____ Gender: M _____ F _____
(First Name) (Last Name) (Middle Initial) (circle one)

Address: _____ City/Zip: _____

Parents' Email: _____ Years of Basketball Experience: _____

Birth Date: _____ Age: _____ Grade: _____ Medical Restrictions: _____

School Attending: _____ Neighborhood Elementary School: _____

Father/Guardian:	Mother/Guardian:
(Day) _____	(Day) _____
(Evening) _____	(Evening) _____
(Cell) _____	(Cell) _____

PLEASE CHECK
PREFERRED PHONE
NUMBER

Additional person to contact in case of emergency: (not parent/guardian) _____

Relationship to player: _____ Emergency contact phone #s: (H): _____ (C): _____

How did you find out about this program: website - school - mailing - brochure - Email - Sandy Journal - Coach - friend

Please circle or specify other _____

Payment Information (Make checks payable to Sandy City):

Late fee is \$5.00 after regular deadline. \$3.00 family discount for additional children in same sport.

NO REFUNDS AFTER THE 2ND SCHEDULED ACTIVITY

\$15.00 OF FEE IS NON-REFUNDABLE!

Locations may be changed or combined based on enrollments.

Standard shirt sizing will be ordered for each grade division.

COST:	Sept 4-Oct 3	Oct 4-Oct 10
1st - 4th Gr	\$57	\$62
5th - 8th Gr	\$62	\$67

COST:	Sept 4-Nov 7	Nov 8-Nov 14
Kindergarten	\$40	\$45
9th - 12th Gr	\$68	\$73

KINDERGARTEN COED INSTRUCTIONAL

_____ Saturday, Albion

COED GRADES 1-2

_____ Tuesday, Crescent View
_____ Wednesday, Sandy Recreation
_____ Thursday, Sandy Recreation
_____ Friday, Sandy Recreation
_____ Saturday, Crescent View

GIRLS GRADES 3-4

_____ Saturday, Sandy Recreation

GIRLS GRADES 5-6

_____ Saturday, Albion

GIRLS GRADES 7-8

_____ Saturday, Albion

GIRLS GRADES 9-12

_____ Wednesday, Mt. Jordan/Eastmont

BOYS GRADES 3-4

_____ Monday, Indian Hills
_____ Tuesday, Sandy Recreation
_____ Wednesday, Crescent View
_____ Saturday, Crescent View
_____ Saturday, Sandy Recreation

BOYS GRADES 5-6

_____ Monday, Indian Hills
_____ Monday, Sandy Recreation
_____ Tuesday, Union
_____ Wednesday, Crescent View
_____ Saturday, Albion

BOYS GRADES 7-8

_____ Thursday, Albion
_____ Saturday, Crescent View

BOYS GRADE 9

_____ Thursday, Crescent View
_____ Saturday, Crescent View

BOYS GRADE 10

_____ Monday, Crescent View
_____ Thursday, Crescent View
_____ Saturday, Crescent View

BOYS GRADE 11

_____ Monday, Albion/Crescent View
_____ Tuesday, Albion
_____ Wednesday, Albion/Union

BOYS GRADE 12

_____ Monday, Albion/Crescent View
_____ Tuesday, Albion
_____ Wednesday, Albion/Union

Players wishing to play together must register together, otherwise requests will be considered but NOT guaranteed.
Player would like to be on the same team as: _____

As the parent or guardian of the above player, I consent that he/she may participate in the above marked Sandy City Program in 2012/2013 and I state that the information contained herein is true and complete. I agree that Sandy City may restrict or prevent participation by a coach, spectator or player at any time.

- 1) **GOALS.** I understand that the goals and objectives of the Sandy City Jr. Jazz Basketball Program are based upon fun, fair play, skill development, good sportsmanship and teamwork and hereby support these goals.

Parent/Guardian Signature: _____ Date: _____

- 2) I, as a parent or guardian, am willing to participate as a volunteer in support of this program (please check):

☐ Head Coach ☐ Assistant Coach ☐ Team Parent

Volunteer's Name

Email Address (if volunteering)

(Coach of preformed teams of 6-10 players must complete approval form prior to registration to be placed in proper division)

~ Please read, fill out & sign the consent form on the reverse side ~

SANDY CITY 2012-13 JR JAZZ BASKETBALL PROGRAM

INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/activity described below:

Program/Activity Description

The Sandy City Jr. Jazz Basketball Program runs approximately November 5, 2012 - March 23, 2013 and utilizes Sandy City facilities and Canyons School District facilities. Games are played on Saturdays and week nights. Participation in the Jr. Jazz Basketball program carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks may include: (1) minor injuries such as a floor burn, scratches, bruises, blisters, strains, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices, games, Jazz game and player appearance are the responsibility of the parent or guardian.

I recognize the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/physician, such treatment is necessary.

Name of Child: _____ Age: _____

Health Insurance Carrier: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

Concussion & Head Injury Policy Acknowledgement

I have read the Concussion and Head Injury Policy. I have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide Sandy City with a written statement by a qualified Health Care Professional acknowledging my child is cleared to resume participation. Within this statement the provider must acknowledge he/she has successfully completed a continuing education course in the evaluation and management of a concussion within three years before the day on which the written statement was made.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 4 sections. Please initial each line above.

Name of Parent/Legal Guardian: _____
(Please print)

Signature: _____